2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 21, 2001 8:00 am
Secretary of State

04-30-2001 90072 044 ***150.00

DOCUMENT # P00000067215

1. Entity Name

ATWOOD SPORTS, INC.

Principal Place of Business

342 PRESSVIEW AVE
~~LONGVIEW~~ FL 32750
LONGWOOD,

Mailing Address

342 PRESSVIEW AVE
~~LONGVIEW FL 32750~~
LONGWOOD, Fl

2. Principal Place of Business

Atwood Sports , Inc.
342 Pressview Ave.
Longwood, Florida 32750
407-830-9946
www.atwoodsports.com

3. Mailing Address

Atwood Sports , Inc.
342 Pressview Ave.
Longwood, Florida 32750
~~407-830-9946~~
www.atwoodsports.com

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1054229 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATWOOD, JOHN
342 PRESSVIEW AVE
LONGVIEW FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 4-17-01

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete
NAME	ATWOOD, JOHN	
STREET ADDRESS	342 PRESSVIEW AVE	
CITY-ST-ZIP	LONGVIEW FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-17-01 407.830.9946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #